

**SETTLEMENT AGREEMENT UNDER THE
AMERICANS WITH DISABILITIES ACT**

THIS SETTLEMENT AGREEMENT ("Agreement") is made by and among Doral Academy, Inc., d/b/a Doral Pre-K ("Doral Pre-K"), and _____, by and through her parents and next friends Nelly Mendez and Ricardo Gosselain

WHEREAS, on September 26, 2014, _____ by and through her parents and next friends Nelly Mendez and Ricardo Gosselain, filed an action captioned S.G. v. The Doral Academy, Inc., Case No. 14-23555-JLK (S.D.Fla.), in the United States District Court for the Southern District of Florida, alleging that Doral Pre-K had violated Title III of the Americans with Disabilities Act of 1990 ("ADA"), 42 U.S.C. §§ 12181-89, by refusing to calculate carbohydrate intake, monitor blood glucose levels, and enter related data into the digital device that determines the amount of insulin to administer via a pump;

WHEREAS, Doral Pre-K is a place of public accommodation covered by Title III of the ADA, 42 U.S.C. § 12181(7)(J); 28 C.F.R. § 36.104;

WHEREAS, the ADA prohibits public accommodations from discriminating against an individual on the basis of disability in the full and equal enjoyment of its goods and services, 42 U.S.C. § 12182(a);

WHEREAS, ensuring that private schools do not discriminate against persons with diabetes is an issue of general public importance;

WHEREAS, Doral Pre-K denies the allegations made in Plaintiff's Complaint, and alleges that at all times it acted consistently with the ADA;

WHEREAS, nevertheless, to demonstrate and affirm that Doral Pre-K is committed to full compliance with the ADA and to ensure full compliance therewith, Doral Pre-K has established and implemented policies and procedures, described herein, designed to afford children with disabilities, including but not limited to diabetes, a benefit equal to that provided to others, and to make reasonable modifications in policies, practices, and procedures when necessary, to provide appropriate supervision or assistance to children with disabilities, including but not limited to diabetes, in order to ensure full and equal participation in Doral Pre-K activities; and

WHEREAS, the parties desire to resolve this matter without further judicial action, agree that resolution of this matter is in their mutual interest, and to this end agree that the matter can be resolved as set forth below.

NOW, THEREFORE, for and in consideration of the mutual promises and the releases as set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Doral Pre-K and the Plaintiff agree as follows:

1. Doral Pre-K has demonstrated a commitment to provide its services to persons with disabilities without discrimination. The parties have agreed that this matter can be resolved without resort to further litigation.

2. Doral Pre-K is a private preschool and a place of public accommodation within the meaning of Title III of the ADA, 42 U.S.C. § 12181(7), and its implementing regulation, 28 C.F.R. § 36.104.

3. Doral Pre-K agrees not to discriminate against any child on the basis of diabetes. Doral Pre-K agrees to provide all children with diabetes with an equal opportunity to attend Doral Pre-K and to participate in and benefit from the goods, services, facilities, privileges, advantages and accommodations it provides. Doral Pre-K will not provide an unequal benefit or a separate benefit, unless the separate benefit is necessary and as effective as that provided to others. Doral Pre-K will not refuse to admit any child to, or dissuade any child or his or her parents from applying or registering for, any of its sessions or programs because the child has diabetes or requires diabetes care (including without limitation insulin-dependent diabetes or requires carbohydrate counting, blood glucose monitoring, access to emergency glucagon or other related needs as a result of insulin-dependent diabetes), subject to defenses available to Doral Pre-K as provided by law.

4. Prior to a child's enrollment into its program, Doral Pre-K will not inquire specifically whether a child has diabetes or needs diabetes-related care or monitoring.

5. Doral Pre-K agrees to make reasonable modifications to its policies, practices, or procedures, when the modifications are necessary to afford goods, services, facilities, privileges, advantages and accommodations pursuant to Federal and Florida law. Reasonable modifications may require Doral Pre-K to take the following actions, including, but not limited to, supervising and monitoring of children with diabetes; assisting children with the use of blood glucose tests, glucose monitoring, insulin pumps, syringes, and other diabetes related medical equipment; and supervising and monitoring consumption of food while participating in any program, service, or activity, whether on Doral Pre-K's premises or elsewhere while participating in Doral Pre-K's educational programs.

6. When informed that a child has insulin-dependent diabetes, Doral Pre-K will advise the child's parent(s) or guardian(s) of the Doral Pre-K Diabetes Medical Management Plan to be completed and signed by the child's medical provider, a copy of which is attached hereto as Exhibit 1 (the "Diabetes Plan"), and, when asked to do so, will follow the instructions provided on the completed Diabetes Plan executed by the child's physician / health care provider and parent(s) or guardian(s). Doral Pre-K will also make the Diabetes Plan available for use by the parent, physician / health care provider or Doral Pre-K caregiver in Spanish or other languages upon request.

7. Doral Pre-K will keep accurate and relevant records related to the steps indicated and requested in the Diabetes Plan, including by way of example: blood glucose level testing and monitoring, carbohydrates ingested, insulin administered (if any), exercise (if any) and any medication administered, each as they are applicable, on the "Health Education Services Daily

Diabetic Log," attached hereto as Exhibit 2, in the child's file. Doral Pre-K will provide copies of these records to the child's parent(s) or guardian(s), upon written request on a form provided by Doral Pre-K when such a request is made. Doral Pre-K will maintain these records for a period of at least 12 months.

8. Notwithstanding the foregoing, and subject to the requirements of applicable federal, state and local law, Doral Pre-K will allow the parent(s) or guardian(s), or authorized agent(s), to enter Doral Pre-K's premises at any time a child is in Doral Pre-K's care, to check, monitor the child's blood glucose levels or take appropriate action in response to those levels as needed.

9. Doral Pre-K shall be provided an "Emergency Care Plan for Diabetics," attached hereto as Exhibit 3, to provide instructions to the designated caregiver, and designated back-up, on how to respond to low blood glucose and high blood glucose. The Emergency Care Plan for Diabetics may be completed by the child's parents/guardians or the child's medical provider, as appropriate, and provided to Doral Pre-K.

10. Doral Pre-K may require the parent to execute the release and waiver on Page 4 of the Diabetes Plan, attached hereto as Exhibit 1. As set forth in the release and without derogation of its contents, this form releases Doral Pre-K from liability stemming from any action taken with reasonable care by Doral Pre-K's employees and/or agents in conformance with the child's executed Diabetes Plan.

11. Doral Pre-K shall arrange for annual training to Doral Pre-K personnel who in Doral Pre-K's reasonable judgment have direct contact with children enrolled or seeking enrollment in a Doral Pre-K program regarding the policies contained in this agreement and to facilitate the implementation of the policies.

12. Doral Pre-K will arrange to provide basic training to personnel who may be responsible for children with diabetes at Doral Pre-K. That basic training will include a general overview of diabetes and typical health care needs of individuals with diabetes, recognition of common symptoms of hypoglycemia and hyperglycemia, and provide training and information on the procedures to follow in the event of an emergency. Notwithstanding the aforementioned, Doral Pre-K is not a health care provider. In complying with and following the directives of the Diabetes Plan, Doral Pre-K is not assuming medical care of _____, or any other child with a disability, but is providing modifications for these children within the meaning of the ADA.

13. The parents or guardians of any child with diabetes are responsible for providing, at their cost, all appropriate testing equipment, diabetes supplies, and any special food necessary for their particular child. Doral Pre-K, at the request of the parents or guardians and with their input, will arrange training for appropriate personnel regarding the needs of a particular child with diabetes, including the working of each child's particular blood glucose monitor, testing equipment, insulin-related equipment, and glucagon kit in case of emergency. This child-specific training may be given by a parent or guardian or by a qualified person agreed to by the parents or guardian to provide the training. The parents or guardians of a particular child with diabetes

should be available to provide assistance to, and respond to inquiries from, Doral Pre-K personnel about any matter or concern related to that particular child with diabetes. Doral Pre-K personnel should be authorized to seek clarifying information from the child's health care team regarding questions about the Diabetes Plan with the consent of, and notice to, the parent or guardian.

14. Doral Pre-K will not retaliate against or coerce in any way any person who is trying to exercise his or her rights under this Agreement or the ADA.

15. Upon being provided with a completed and executed Diabetes Plan for the care of [redacted], Doral Pre-K will follow the instructions provided on the completed Diabetes Plan executed by the child's physician / health care provider and parent(s) or guardian(s) utilizing the information, supplies, medication, equipment and emergency information provided.

16. [redacted], through her parents and next friends, will promptly communicate with Doral Pre-K through its designated representative about changes to medical condition or needs, and provide all necessary equipment and medications indicated or referenced in the Diabetes Plan, including providing an updated Diabetes Plan as necessary.

17. Doral Pre-K agrees to provide all children with disabilities, including but not limited to diabetes, and including without limitation [redacted], with an equal opportunity to attend Doral Pre-K and to participate in all programs, services, or activities provided by Doral Pre-K consistent with Doral Pre-K's practices and procedures, with reasonable modifications as appropriate, with respect to all children. Doral Pre-K will not refuse to admit any child with a disability, including but not limited to diabetes, and including without limitation [redacted] to any of its sessions or programs, or to any other Doral Pre-K facility or program or service in accordance with Doral Pre-K's enrollment procedures applicable to all children enrolling in a Doral Pre-K program, with reasonable modifications as appropriate.

18. Doral Pre-K represents that its aftercare program ("Leap Services, LLC") is presently at capacity; that there is no waiting list; that the applications of children who were not enrolled are maintained and dated in the order they were received; that spots hereafter will be filled in the order in which the applications were received; and that [redacted] aftercare application is and has been in line as of the date it was filed. Doral Pre-K further represents that when a spot in the aftercare program becomes available, that spot will be offered to the child with the oldest application on file until the spot is filled. Doral Pre-K shall permit [redacted] enroll in the aftercare program on a space available basis consistent with Doral Pre-K's practices with respect to all children and in accordance with her place in line.

19. [redacted] by and through her parents and next friends, agrees to dismiss the action S.G. v. The Doral Academy, Inc., Case No. 14-23555-JLK (S.D.Fla.), in the United States District Court for the Southern District of Florida, with prejudice, within ten (10) days of the execution of this agreement. The parties agree that the Court retains jurisdiction for the

purpose of enforcing the terms of this agreement, including the award of attorney's fees to the prevailing party in any enforcement action.


20. This Agreement is final and binding as to all signatories hereto, including all principals, agents, successors in interest and assigns of Doral Pre-K and by and through her parents and next friends. The undersigned representatives certify that they are authorized to enter into and consent to the terms and conditions of this Agreement and execute and legally bind their respective parties to it.

21. This Agreement, and any appendices/exhibits attached hereto and incorporated herein by reference, shall constitute the entire agreement between the parties on the matters raised herein, and no other statement, promise, or agreement, either written or oral, made by any of the parties or agents of any of the parties, that is not contained in this written Agreement or attachments, shall be enforceable regarding the matters raised herein. In executing this Agreement Doral Pre-K and Leap Services hereto enter into a full release as to any and all claims, including cross-claims or third-party claims, as to any and all events, actions, or matters that were raised in the S.G. complaint.


22. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same Agreement. This Agreement shall be effective upon execution.


IN WITNESS WHEREOF, the parties have executed this Agreement as of the date(s) set forth below.

FOR BY AND THROUGH HER PARENTS AND NEXT FRIENDS NELLY MENDEZ AND RICARDO GOSSELAIN:

By:  _____ Date: 11/24/14
Nelly Méndez

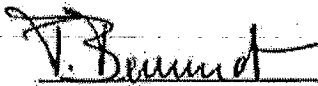
By:  _____ Date: 11/24/14
Ricardo Gosselain

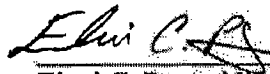
By:  _____ Date: 11/24/14
Tania Galloni, Esq.


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Attorney for

FOR THE DORAL ACADEMY, INC., D/B/A DORAL PRE-K, AND LEAP SERVICES, LLC:

By:  Date: 11/19/2014
Patricia Berraondo
Doral Pre-K Administrator
Leap Services, LLC President

By:  Date: 11/21/14
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By:  Date: 11/21/14
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Attorneys for The Doral Academy, Inc. and Leap Services, LLC

Exhibit 1

DIABETES MEDICAL MANAGEMENT PLAN (School Year _____)

Student's Name: _____ Date of Birth: _____ Diabetes Type 1 ; Type 2 Date of Diagnosis : _____
 School Name: _____ Grade _____ Homeroom _____ Plan Effective Date(s) : _____

CONTACT INFORMATION

Parent/Guardian #1: _____ Phone Numbers: Home _____ Work _____ Cell/Pager _____
 Parent/Guardian #2: _____ Phone Numbers: Home _____ Work _____ Cell/Pager _____
 Diabetes Healthcare Provider _____ Phone Number: _____
 Other Emergency Contact _____ Relationship: _____ Phone Number: Home _____ Work/Cel/Pager _____

EMERGENCY NOTIFICATION: Notify parents of the following conditions (If unable to reach parents, call Diabetes Healthcare Provider listed above)

- a. Loss of consciousness or seizure (convulsion) immediately after Glucagon given and 911 called.
- b. Blood sugars in excess of _____ mg/dl
- c. Positive urine ketones.
- d. Abdominal pain, nausea/vomiting, diarrhea, fever, altered breathing, or altered level of consciousness.

MEALS/SNACKS: Student can: Determine correct portions and number of carbohydrate serving Calculate carbohydrate grams accurately

	Time/Location	Food Content and Amount		Time/Location	Food Content and Amount
<input type="checkbox"/>	Breakfast	_____	<input type="checkbox"/>	Mid-afternoon	_____
<input type="checkbox"/>	Midmorning	_____	<input type="checkbox"/>	Before PE/Activity	_____
<input type="checkbox"/>	Lunch	_____	<input type="checkbox"/>	After PE/Activity	_____

If outside food for party or food sampling provided to class: _____

BLOOD GLUCOSE MONITORING AT SCHOOL: Yes No Type of Meter: _____

If yes, can student ordinarily perform own blood glucose checks? Yes No; Interpret results Yes No; Needs supervision? Yes No

Time to be performed: Before breakfast Before PE/Activity Time
 Midmorning: before snack After PE/Activity Time
 Before lunch Mid-afternoon
 Dismissal As needed for signs/symptoms of low/high blood glucose

Place to be performed: Classroom Clinic/Health Room Other _____

OPTIONAL: Target Range for blood glucose: _____ mg/dl to _____ mg/dl (Completed by Diabetes Healthcare Provider).

INSULIN INJECTIONS DURING SCHOOL: Yes No Parent/Guardian elects to give insulin needed at school)

If yes, can student: Determine correct dose? Yes No Draw up correct dose? Yes No
 Give own injection? Yes No Needs supervision? Yes No

Insulin Delivery: Syringe/Vial Pen Pump (If pump worn, use "Supplemental Information Sheet for Student Wearing an Insulin Pump")

Standard daily insulin at school: <input type="checkbox"/> Yes <input type="checkbox"/> No	Correction Dose of Insulin for High Blood Glucose: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: _____ Dose: _____ Time to be given: _____	If yes: <input type="checkbox"/> Regular <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog Time to be given: _____

Calculate insulin dose for carbohydrate intake: Yes No
 If yes, use: Regular Humalog Novolog
 _____ # unit(s) per _____ grams Carbohydrate
 Add carbohydrate dose to correction dose

<input type="checkbox"/> Determine dose per sliding scale below (in units): Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____	<input type="checkbox"/> Use formula: (Blood glucose – _____) + _____ = _____ units of insulin
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OTHER ROUTINE DIABETES MEDICATIONS AT SCHOOL: Yes No

Name of Medication	Dose	Time	Route	Possible Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXERCISE, SPORTS, AND FIELD TRIPS

Blood glucose monitoring and snacks as above. Quick access to sugar-free liquids, fast-acting carbohydrates, snacks, and monitoring equipment.
 A fast-acting carbohydrate such as _____ should be available at the site.
 Child should not exercise if blood glucose level is below _____ mg/dl OR if _____

SUPPLIES TO BE FURNISHED/RESTOCKED BY PARENT/GUARDIAN: (Agreed-upon locations noted on emergency card/nursing care plan)

- | | | |
|--|---|---|
| <input type="checkbox"/> Blood glucose meter/strips/lancets/lancing device | <input type="checkbox"/> Fast-acting carbohydrate _____ | <input type="checkbox"/> Insulin vials/syringe |
| <input type="checkbox"/> Ketone testing strips | <input type="checkbox"/> Carbohydrate-containing snacks | <input type="checkbox"/> Insulin pen/pen needles/cartridges |
| <input type="checkbox"/> Sharps container for classroom | <input type="checkbox"/> Carbohydrate free beverage/snack | <input type="checkbox"/> Glucagon Emergency Kit |

MANAGEMENT OF HIGH BLOOD GLUCOSE (over _____ mg/dl)

✓ Usual signs/symptoms for this student:

- Increased thirst, urination, appetite
- Tiredness/sleepiness
- Blurred vision
- Warm, dry, or flushed skin
- Other _____

Indicate treatment choices:

- Sugar-free fluids as tolerated
- Check urine ketones if blood glucose over _____ mg/dl
- Notify parent if urine ketones positive.
- May not need snack: **call parent**
- See **"Insulin Injections: Correction Dose of Insulin for High Blood Glucose"**
- Other _____

MANAGEMENT OF VERY HIGH BLOOD GLUCOSE (over _____ mg/dl)

✓ Usual signs/symptoms for this student

- Nausea/vomiting
- Abdominal pain
- Rapid, shallow breathing
- Extreme thirst
- Weakness/muscle aches
- Fruity breath odor
- Other _____

Indicate treatment choices:

- Carbohydrate-free fluids if tolerated
- Check urine for ketones
- Notify parents per **"Emergency Notification"** section
- If unable to reach parents, call diabetes care provider
- Frequent bathroom privileges
- Stay with student and document changes in status
- Delay exercise.
- Other _____

MANAGEMENT OF LOW BLOOD GLUCOSE (below _____ mg/dl)

✓ Usual signs/symptoms for this child

- Hunger
- Change in personality/behavior
- Paleness
- Weakness/shakiness
- Tiredness/sleepiness
- Dizziness/staggering
- Headache
- Rapid heartbeat
- Nausea/loss of appetite
- Clamminess/sweating
- Blurred vision
- Inattention/confusion
- Slurred speech
- Loss of consciousness
- Seizure
- Other _____

Indicate treatment choices:

- If student is awake and able to swallow,***
give _____ grams fast-acting carbohydrate such as:
- 4oz. Fruit juice or non-diet soda or
 - 3-4 glucose tablets or
 - Concentrated gel or tube frosting or
 - 8 oz. Milk or
 - Other _____

Retest BG 10-15minutes after treatment
Repeat treatment until blood glucose over 80mg/dl
Follow treatment with snack of _____
if more than 1 hour till next meal/snack or if going to activity

- Other _____

IMPORTANT!!

If student is unconscious or having a seizure, presume the student is having a low blood glucose and:

Call 911 immediately and notify parents.

- Glucagon ½ mg or 1 mg (circle desired dose) should be given by trained personnel.**
- Glucose gel 1 tube can be administered inside cheek and massaged from outside while awaiting or during administration of Glucagon by staff member at scene.**
- Glucagon/Glucose gel could be used if student has documented low blood sugar and is vomiting or unable to swallow.**

Student should be turned on his/her side and maintained in this "recovery" position till fully awake".

SIGNATURES

I/we understand that all treatments and procedures may be performed by the student and/or trained unlicensed assistive personnel within the school or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I have reviewed this information sheet and agree with the indicated instructions. This form will assist the school health personnel in developing a nursing care plan.

Parent's Signature: _____

Date: _____

Physician's Signature _____

Date: _____

School Nurse's Signature: _____

Date: _____

This document follows the guiding principles outlined by the American Diabetes Association

Revised December 5, 2003

DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENT WEARING INSULIN PUMP
 School Year: _____

Student Name: _____ Date of Birth: _____ Pump Brand/Model: _____
 Pump Resource Person: _____ Phone/Beeper: _____ (See basic diabetes plan for parent phone#)
 Child-Lock On? Yes No How long has student worn an insulin pump? _____
 Blood Glucose Target Range: _____ Pump Insulin: Humalog Novolog Regular
 Insulin: Carbohydrate Ratios: _____
 (Student to receive carbohydrate bolus *immediately before* / _____ *minutes before eating*)
 Lunch/Snack Boluses Pre-programmed? Yes No Times _____
 Insulin Correction Formula for Blood Glucose Over Target: _____
 Extra pump supplies furnished by parent/guardian: infusion sets reservoirs batteries dressings/tape insulin syringes/insulin pen

STUDENT PUMP SKILLS	NEEDS HELP?	IF YES, TO BE ASSISTED BY AND COMMENTS:
1. Independently count carbohydrates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Give correct bolus for carbohydrates consumed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Calculate and administer correction bolus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Recognize signs/symptoms of site infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Calculate and set a temporary basal rate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Disconnect pump if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Reconnect pump at infusion set.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Prepare reservoir and tubing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Insert new infusion set.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Give injection with syringe or pen, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Troubleshoot alarms and malfunctions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Re-program basal profiles if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MANAGEMENT OF HIGH BLOOD GLUCOSE Follow instructions in basic diabetes medical management plan, but in addition:

If blood glucose over target range _____ hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula; Blood glucose - _____ ÷ _____ = _____ units insulin

If blood glucose over 250, check urine ketones

- If no ketones, give bolus by pump and recheck in 2 hours.
- If ketones present or _____, give correction bolus as an injection immediately and contact parent/ health care provider

If two consecutive blood glucose readings over 250 (2 hrs or more after first bolus given)

- Check urine ketones
- Give correction bolus as an injection
- Change infusion set.
- Call parent

MANAGEMENT OF LOW BLOOD GLUCOSE Follow instructions in Basic Diabetes Care Plan, but in addition:

If low blood glucose recurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

- Call 911 (or designate another individual to do so).
- Treat with Glucagon (See basic Diabetes Medical Management Plan)
- Stop insulin pump by:
 - Placing in "suspend" or stop mode (See attached copy of manufacturer's instructions)
 - Disconnecting at pigtail or clip (Send pump with EMS to hospital.)
 - Cutting tubing
- Notify parent
- If pump was removed, send with EMS to hospital.

ADDITIONAL TIMES TO CONTACT PARENT

- Soreness or redness at infusion site
- Detachment of dressing/infusion set out of place
- Leakage of insulin
- Insulin injection given
- Other _____

Effective Date(s) of Pump plan: _____

Parent's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____

Diabetes Care Provider Signature: _____ Date: _____

DORAL PRE-K RELEASE

Page 4 of Diabetes Plan

I/we, the parent/guardian of _____ hereby grant Doral Academy Inc., d.b.a. Doral Pre-K and/or its designee, employee, agent, officers, or assigns; or a registered nurse; or a licensed practical nurse; or a licensed nurse's aide; or a licensed physician; or a licensed physician's assistant full and informed consent to assist with and/or perform the administration of each prescribed medication, including, but not limited to insulin, either by injection or by pump, and any and all other treatments/procedures/protocols for my child as necessary during the school day. This includes any such time when my child is away from school property for official school events. I have reviewed, understand and agree with the medications/treatments/protocols prescribed by my child's physician and/or the healthcare provider indicated on this form. I hereby acknowledge and understand that it is my/our responsibility to notify the Pre-K and/or its designee, employees, agents, or assigns of any change or modification to the medication/treatment plan prior to its expiration date. Doral Pre-K is a place of public accommodation covered by title III of the ADA. 42 U.S.C. § 12181(7)(J); 28 C.F.R. § 36.104. I acknowledge and understand that Doral Pre-K is not a health care provider and Doral Pre-K is not assuming the medical care of my child, but is providing accommodations to my child within the meaning of the ADA. I acknowledge and agree that the Pre-K will not make any medical decisions for my child, and will not implement any plans which have not been provided to the Pre-K in advance, in writing and unless same have been prescribed by the child's treating physician and/or health care provider. I further release Doral Academy, Inc., Doral Pre-K, its designees, employees, directors, officers, agents, or assigns from any and all liability resulting from the administration of medication, medical act, or any other treatment, procedure, service or act performed to or for my child with reasonable care by Doral Academy, Inc., and/or Doral Pre-K's employees, agents, or assigns in furtherance of the child's written plan, and/or to meet my child's needs as described herein.

HEALTH EDUCATION SERVICES
DAILY DIABETIC LOG

Student's Name _____ School _____ Week of _____

Doctor _____ Phone # _____ Fax # _____
 TYPE OF INSULIN GIVEN (H = Humalog R = Regular NP = NPH U = Ultra Lente) Given by (circle) PUMP INJECTION
 For Pump, give reason for insulin administration: B = Bolus C = Correction Dose A = absent V = no school S = other
 REMEMBER ADMINISTER INSULIN ONLY AT TIMES ORDERED

DAY/DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
EXERCISE					
Initials					
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
EXERCISE					
Initials					
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
EXERCISE					
Initials					
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
EXERCISE					
Initials					
Signature					
Signature					

Exhibit 2

HEALTH EDUCATION SERVICES
DAILY DIABETIC LOG

DATE	TIME	Initials

DATE RECEIVED	MEDICATION (Name and dosage)	AMOUNT	PARENT/GUARDIAN SIGNATURE	RECEIVED BY (School designee signature)

Exhibit 3

EMERGENCY CARE PLAN FOR DIABETICS

Students Name _____	Date _____
Parent/Guardian Name _____	Phone _____
Work Phone _____	Cell Phone _____
Emergency Contact _____	Phone _____
Work Phone _____	Cell Phone _____

LOW BLOOD SUGAR (HYPOGLYCEMIA)	
IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
IF CHILD IS UNCONSCIOUS OR HAVING A SEIZURE	<p>Call 911 immediately and notify parent/guardian</p> <p>Administer Glucagon _____mg by injection <i>(To be done by trained personnel only)</i></p> <p>(Glucose gel can be administered inside cheek and massaged from outside while waiting for help to arrive, or during administration of Glucagon)</p> <p>Student should be turned on his/her side and maintained in the "recovery" position till fully awake.</p>
Change in personality/behavior Weak, shaky, tremulous Tired, drowsy, fatigued Dizzy, confused Headache Rapid heart rate Nausea, loss of appetite Clammy, sweating Blurred vision Slurred Speech	<p>Check Blood Glucose level If within Target Range: _____ to _____ Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes.</p> <p>If blood glucose level below _____ Give one of the following sources of sugar: 4oz of Juice or Regular soda 2 to 4 glucose tabs Glucose get or cake frosting 8 oz milk Recheck blood glucose 15 minutes after treatment.</p> <p>Repeat above treatment if blood glucose below _____ If blood glucose not above _____ after second treatment notify parent</p>

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
<p>Extreme thirst Headache Abdominal pain Nausea Increased need to use the bathroom</p>	<p>Check Blood Glucose level If within Target Range: _____ to _____ Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes If blood glucose above _____ Drink 8-16 oz of water or DIET soda <u>every hour</u> Use restroom as often as needed Be allowed to carry water bottle with them</p> <p>If blood glucose above _____ Check urine ketones If urine ketones are moderate or large call parent immediately! Do not allow exercise. Administer insulin if ordered</p> <p>If student exhibits nausea, vomiting, stomachache or lethargy contact parent ASAP. If none of the physical symptoms above are present student may return to class.</p>